

**SUPERIOR COURT OF WASHINGTON
IN AND FOR SNOHOMISH COUNTY**

<hr/> <div>Petitioner/Plaintiff(s)</div> <div>vs.</div> <hr/> <div>Respondent/Defendant(s)</div>	<div>CASE NO. _____</div> <div>NOTE FOR TRIAL SETTING AND INITIAL STATEMENT OF ARBITRABILITY (NTTSNA OR STA)</div>
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TO: **The Clerk of the Court; the Director of Arbitration (by separate copy serviced at Room 502,
Superior Court Administration) and the attorneys or parties listed below:**

I hereby affirm that this case is at issue; that no affirmative pleading remains unanswered; that to my knowledge no other parties will be served with summons; and that the case in all respects is ready for trial and/or transfer to arbitration.

Type of Case: _____ Estimated Trial Time: _____

(Check one)

A jury of ☐ twelve is requested and a jury demand and fees have been filed with the Clerk pursuant to CR 38.
☐ six

(Check one)

This case ☐ is arbitrable.
☐ is not arbitrable.

Please note that as of 12-19-2003 there is a mandatory arbitration fee of \$220.00 which must be paid at the time of filing this document with the County Clerk. Documents that indicate the case IS arbitrable that are submitted without the fee will be returned to the submitting party.

NOTE: Arbitrable, non-jury cases should not be noted for presentation to the Superior Court Administrator's Office for trial setting at this time (See SCLMAR 2.1 (e) and 7.1)

Date (mm/dd/yyyy): _____ at 10:00 AM this case will be presented to the Court Administrator's Office for Trial Setting.

IT IS NOT NECESSARY TO APPEAR FOR TRIAL SETTING.

INITIAL STATEMENT OF ARBITRABILITY (SCLMAR 2.1)

This case is **ARBITRABLE** because: (Check one)

- ☐ The sole relief sought is a money judgment and involves no claim in excess of \$50,000 exclusive of any attorney fees, interest and costs (RCW 7.06.020 SCLMAR 1.2) or
- ☐ The sole relief sought, regardless of the number or amount of payments, is the establishment, termination or modification of maintenance or child support payments or arrearages (RCW 7.06.020 SCLMAR 1.2) or
- ☐ The undersigned waives any claim in excess of \$50,000 in order to have this case arbitrated; or
- ☐ This is a Small Claims matter appealed from District Court.

This case is **NOT ARBITRABLE** because: (Check one)

- ☐ Relief other than or in addition to a money judgment is being sought and/or a claim, counterclaim or cross claim exceeds \$50,000 exclusive of attorney fees, interest and costs; or
- ☐ This domestic lawsuit presently involves issues other than or in addition to the establishment, modification or termination of child support or maintenance payments or arrearages; or
- ☐ This case is an appeal from a Municipal or District Court decision (which is not a Small Claims matter); or
- ☐ This case is otherwise statutorily exempt from mandatory arbitration.

RCW: _____

Civil Cases not subject to MANDATORY Arbitration may be submitted to arbitration pursuant to MAR 8.1 (b), SCLMAR 8.1 and SCLMA 2.1 (d) by stipulation which must be filed with the Clerk of the Court and a copy served upon the Director of Arbitration.

- ☐ The undersigned hereby requests that this matter be transferred to arbitration pending formal stipulation by the parties.

Any Response to this Statement of Arbitrability must be filed with the Clerk of the Court and a copy served upon the Director of Arbitration within 14 days after this document has been served and filed. (SCLMAR 2.1 (b))

CERTIFICATE OF MAILING

I certify that I mailed a copy of this document to the attorneys listed hereon, postage prepaid on the

Date (mm/dd/yyyy): _____

NOTE: File the original of this document with the Clerk of the Court: Serve a copy on the Director of Arbitration, Room 502, Superior Court Administration & a copy on all parties.

(Signature)

Date (mm/dd/yyyy): _____

WSBA #: _____

NAME: _____

ADDRESS:

TELEPHONE: _____

ATTORNEY FOR: (Check one)

- ☐ Petitioner/Plaintiff
- ☐ Respondent/Defendant

**PLEASE LIST THE NAMES, ADDRESSES, ETC. OF ALL OTHER ATTORNEYS IN THIS CASE
AND/OR ALL OTHER PARTIES REQUIRING NOTICE.**

NAME:

ADDRESS:

WSBA #: _____

TELEPHONE: _____

ATTORNEY FOR: (Check one)

- ☐ Petitioner/Plaintiff
☐ Respondent/Defendant

NAME:

ADDRESS:

WSBA #: _____

TELEPHONE: _____

ATTORNEY FOR: (Check one)

- ☐ Petitioner/Plaintiff
☐ Respondent/Defendant

NAME:

ADDRESS:

WSBA #: _____

TELEPHONE: _____

ATTORNEY FOR: (Check one)

- ☐ Petitioner/Plaintiff
☐ Respondent/Defendant

NAME:

ADDRESS:

WSBA #: _____

TELEPHONE: _____

ATTORNEY FOR: (Check one)

- ☐ Petitioner/Plaintiff
☐ Respondent/Defendant

NAME:

ADDRESS:

WSBA #: _____

TELEPHONE: _____

ATTORNEY FOR: (Check one)

- ☐ Petitioner/Plaintiff
☐ Respondent/Defendant